



COCONINO COUNTY
HEALTH
DEPARTMENT
Making A Difference Every Day

Application for a Temporary Food Service License

If additional space is needed please use the back of this sheet or an additional sheet of paper.

[illegible]

Plan Review: Complete or describe the following:

1. Construction of booth: Mobile Unit ☐ Tent ☐ (tents only allowed for certain foods, refer to Temp F.S. Requirem'ts)
2. Attach pictures or a drawing of "booth set-up" inside and out (include hand wash station, dishwashing station, etc.).
3. Number of Certified Food Handlers: _____ ***MUST ATTACH COPIES OF CERTIFICATION**
4. Name and Phone # of "Person-in-Charge" at booth during event: _____
5. Location of any "Advanced Preparation Site(s): _____
*****Attach a completed commissary agreement with application*****
6. Cold-Holding Equipment: (Coolers are not allowed for storage of PHF's or raw meats) _____
7. Hot-Holding/Cooking Equipment: _____
8. Where will produce be washed? _____ Will meats/foods be thawed? Yes ☐ No ☐
9. How long will food be in transport to the event? _____
10. How will food be kept hot/cold during transport? _____
11. A calibrated, metal stem probe thermometer(s) is available (range 0 – 220 F). Yes ☐ No ☐
12. Type of chemical to be used as a sanitizer: Chlorine/Bleach ☐ Quaternary Ammonium ☐ Iodine ☐
13. Test strips to monitor chemical sanitizer concentration: Yes ☐ No ☐
14. Hand washing facilities: Plumbed sink ☐, Gravity Flow ☐, Dispensed soap/paper towels ☐
15. Dishwashing Facilities: 3-bin sink ☐ 3 portable tubs ☐
16. Where will water for the operation come from? _____
17. Waste water disposal: Sewer ☐, Septic ☐, RV dump station ☐
18. Covered Garbage Cans: Yes ☐ No ☐
19. Where will food be stored during the evening hours when the booth is unoccupied? _____

I hereby consent to inspection by the Health Authority and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the **Temporary Food Service Requirements**. I also understand that the permit fee is non-refundable.

Applicant's Signature: _____ Date: _____

Official Use Only

Reviewed by: _____ Date: _____

☐ Approved ☐ Denied **Attach plan review sheet*

revised by meg 8/16/06